APPENDIX A-1:

Data Abstraction Tool: Exclusive Breast Milk Feeding (NEWB-1)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Use of ***italic and underlined font*** throughout this tool indicates updated text has been inserted. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) _____

2. Provider ID (PROVIDER-ID) _____ (AlphaNumeric)

3. First Name (FIRST-NAME) _____

4. Last Name (LAST-NAME) _____

5. Birthdate (BIRTHDATE) ___ ___ -___ ___ - ___ ___ ___ ___

6. Sex (SEX) □ Female □ Male □ Unknown

7. Race Code - (MHRACE) (Select One Option)
   - □ R1 American Indian or Alaska Native
   - □ R2 Asian
   - □ R3 Black/African American
   - □ R4 Native Hawaiian or other Pacific Islander
   - □ R5 White
   - □ R9 Other Race
   - □ UNKNOW Unknown/not specified

8. Hispanic Indicator- (ETHNIC)
   - □ Yes
   - □ No

9. Patient ID (i.e. Medical Record Number) (PATIENT-ID) __ __ __ __ __ __ __ __ __ __ __ __ (Alpha/Numeric)

10. Admission Date (ADMIT-DATE) ___ ___-___ ___-___ ___ ___ ___

11. Discharge Date (DISCHARGE-DATE) ___ ___-___ ___-___ ___ ___ ___

12. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

☐103	Medicaid: Includes MassHealth FFS and MassHealth Limited	☐318	Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)
☐104	Medicaid: Primary Care Clinician (PCC) Plan	☐321	Medicaid: My Care Family with Neighborhood Health Plan (ACO)
☐208	Medicaid Managed Care – Boston Medical Center HealthNet Plan	☐324	Medicaid: Tufts Health Together with Atrius Health (ACO)
☐270, 274	Medicaid Managed Care – Tufts Health Together Plan	☐325	Medicaid: Tufts Health Together with BIDCO (ACO)
☐119	Medicaid Managed Care - Other (not listed elsewhere)	☐326	Medicaid: Tufts Health Together with Boston Children's (ACO)
☐312	Medicaid: Fallon 365 Care (ACO)	☐327	Medicaid: Tufts Health Together with CHA (ACO)
☐313	Medicaid: Be Healthy Partnership with Health New England (ACO)	☐328	Medicaid: Wellforce Care Plan (ACO)
☐314	Medicaid: Berkshire Fallon Health Collaborative (ACO)	☐320	Medicaid: Community Care Cooperative (ACO)
☐315	Medicaid: BMC HealthNet Plan Community Alliance (ACO)	☐322	Medicaid: Partners Healthcare Choice (ACO)
☐316	Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)	☐323	Medicaid: Steward Health Choice (ACO)
☐317	Medicaid: BMC HealthNet Plan Signature Alliance (ACO)	☐311	Medicaid: Other ACO

13. What is the patient's MassHealth Member ID? (MHRIDNO) _____(alpha characters must be upper case)

14. What was the patient's discharge disposition on the day of discharge? (DISCHARGDISP) (Select One Option)

□ 01 = Home
□ 02 = Hospice- Home
□ 03 = Hospice- Health Care Facility
□ 04 = Acute Care Facility (Review Ends)
□ 05 = Other Health Care Facility (Review Ends)
□ 06 = Expired (Review Ends)
□ 07 = Left Against Medical Advice / AMA
□ 08 = Not Documented or Unable to Determine (UTD)

15. Is there documentation that the newborn was at term or >= 37 completed weeks of gestation at the time of birth? (TRMNB)

☐ Yes

☐ No (Review Ends)

16. Was the newborn admitted to the NICU at this hospital at any time during the hospitalization? (ADMNICU)

☐ Yes (Review Ends)

☐ No

17. Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization? (EXBRSTFD)

☐ Yes

☐ No